

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	METHOD AND SYSTEM FOR VALIDATING LOGICAL END-TO-END ACCESS PATHS IN STORAGE AREA NETWORKS
Attorney Docket Number::	ONAR-P01-001
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	4
Total Drawing Sheets::	8
Small Entity?::	Yes
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Israel
Status::	Full Capacity
Given Name::	Aalon
Middle Name::	
Family Name::	Roy
City of Residence::	Tel Aviv
State or Province of Residence::	
Country of Residence::	Israel
Street of mailing address::	8 Rothchild Street

City of mailing address:: Tel Aviv

State or Province of mailing address:: Israel

Postal or Zip Code of mailing address::

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Israel

Status:: Full Capacity

Given Name:: Levy

Middle Name::

Family Name:: Aasaf

City of Residence:: Tel Aviv

State or Province of Residence::

Country of Residence:: Israel

Street of mailing address:: 8 Rothchild Street

City of mailing address:: Tel Aviv

State or Province of mailing address::

Postal or Zip Code of mailing address::

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Israel

Status:: Full Capacity

Given Name:: Scharf

Middle Name::

Family Name:: Shai

City of Residence:: Tel Aviv

State or Province of Residence::

Country of Residence:: Israel

Street of mailing address:: 18 Duvnov Street

City of mailing address:: Tel Aviv

State or Province of mailing address::

Postal or Zip Code of mailing address::

Applicant Authority Type:: Inventor
Primary Citizenship Country:: United States
Status:: Full Capacity
Given Name:: Yaholom
Middle Name::
Family Name:: Raphael
City of Residence:: Boston
State or Province of Residence:: Massachusetts
Country of Residence:: United States
Street of mailing address:: 15 River Road, #604
City of mailing address:: Boston
State or Province of mailing address:: Massachusetts
Postal or Zip Code of mailing address:: 02108

Correspondence Information

Correspondence Customer Number:: 28120

Representative Information

Representative Customer Number:: 28120

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC 119(e)	60/420,644	10/23/02

Assignee Information

Assignee name:: Onaro
Street of mailing address:: 46 Waltham Street
City of mailing address:: Boston
State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 02118